UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECEIVED

FORM D

DEC 3 1 2002

NOTICE OF SALE OF SECURITIES⁸¹ PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response.. 16.00

SEC USE ONLY Serial Prefix DATE RECEIVED

12/2783

Name of Offering (check if this is an	amendment and name h	as changed, and ir	dicate cha	nge.)		
Filing Under (Check box(es) that a	pply): Rule 504	☐ Rule 505	🗷 Ru	le 506	☐ Section 4(6)	□ ULOE
Type of Filing: ☐ New Filing ☐ Ame	endment					
	A. BASIC	IDENTIFICATION I	DATA			
1. Enter the information requested a	about the issuer					
Name of Issuer (check if this is an a UNITED GRAIN GROWERS LIMIT		s changed, and indi	cate chang	e.)	0206	8430
Address of Executive Offices (Nur 201 Portage Avenue, Suite 2800	nber and Street, City, Sta				one Number (Inclu	
Address of Principal Business Oper (if different from Executive Offices Same		et, City, State, Zip (ode)	Teleph	one Number (Inclu	ding Area Code)
Brief Description of Business Grain handling and merchandisir	ng, crop production serv	vices and manufac	ture and s	upply o	f investment feed	products
Type of Business Organization						
☑ corporation	☐ limited partnership,	already formed		□ other	(please specify):	3000=
☐ business trust	☐ limited partnership,	to be formed			5	PROCESSE
Actual or Estimated Data of Incorpo	eration or Organization:	Month 0 7		Year 6		HAN 0 7 2003
Actual or Estimated Date of Incorporation or Organization of Incorporation or Organization		0 1			Li Actual La Es	•
(Enter two-letter U.S. Postal Service		CN for Canada; FN	for other fo	reign jur	risdiction) <u>C</u> <u>N</u>	THOMSON FINANCIAL
CENERAL INCERNICATIONS						- 10-

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:		⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, ADM Agri-Industries Ltd.					
Business or Residence Add 5550 Maplewood Road, P.					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Drul, Wayne					
Business or Residence Add Box 70 Oakburn MB ROJ		and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Mulhollem, Paul	if individual)				
Business or Residence Add 1042 East 1765 North Roa			ate, Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Andreas, Allen	•				
Business or Residence Add 177 Southmoreland Place			ate, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Silver, Neil	if individual)				
Business or Residence Add R.R. #1, Huxley AB T0M 0	lress (Number a Z0	and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Woodward, Francis	if individual)				
Business or Residence Add K500-500 Eau Claire Ave.,			ate, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Carefoot, David					
Business or Residence Add 103 Hawesbury Crescent,			ate, Zip Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class
 of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Drake, Hugh	, if individual)				
Business or Residence Ad- Box 220, Elkhorn MB R0		and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Hamlin, Craig	·				
Business or Residence Ad- 2604 West 112 th , Leawoo	dress (Number a d KS 66211	and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply:		☐ Beneficial Owner	□ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Kraft, Burnell					·
Business or Residence Add 12 Allen Bend Place, Dec		and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner_	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Lemay, Maurice	, if individual)				
Business or Residence Ad- Box 10, Tangent AB T0H		and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Lunty, Donald	, if individual)				
Business or Residence Ad- Box 207, Forestburg AB		and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, McNaughton, Mel	if individual)				
Business or Residence Ad Box 87, Rumsey AB T0J		and Street, City, St	ate, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Motiuk, Kenneth	if individual)				
Business or Residence Add Box 295, Mundare AB T0		and Street, City, Sta	ate, Zip Code)		

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class
 of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Pettinger, Rob	,				
Business or Residence Add Box 81, Elgin MB R0K 0T0		nd Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Sirski, Ernest					
Business or Residence Add Box 121, Dauphin, MB R7I		nd Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Wilson, James	if individual)				
Business or Residence Add R.R. #1, Darlingford, MB R		nd Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Youzwa, Terry	if individual)				
Business or Residence Add P.O. Box 668, Nipawin, SK		nd Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Allen, Theodore	if individual)				
Business or Residence Add 212 Shawnee Gardens, S.1			ate, Zip Code)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Cox, Peter G.M.	if individual)				
Business or Residence Add 316 River Road, St. Andre			ate, Zip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Enns, Ronald I.	·				
Business or Residence Add 393 Foxdale Avenue, Winn			ate, Zip Code)		

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2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	□ Promote	er 🗆	Beneficial Owner	X	Executive Office	er 🗆	Director		General and/or Managing Partner
Full Name (Last name first, Hayward, Brian	if individual)								
Business or Residence Add Box 345, Oakbank, MB RO		er and	Street, City	, State, Z	ip Code)				
Check Box(es) that Apply:	□ Promote	er	Beneficial Owner	X	Executive Office	er 🗆	Director		General and/or Managing Partner
Full Name (Last name first, Kirk, Thomas W.	if individual)								
Business or Residence Add 43 Haliburton Bay, Winnip					<u> </u>				
Check Box(es) that Apply:	□ Promote	er 🗆	Beneficial Owner	X	Executive Office	er 🗆	Director		General and/or Managing Partner
Full Name (Last name first, Sawatzky, Waldemar L.	if individual)								
Business or Residence Add 153 Orchard Hill Road, Wi				, State, Z	ip Code)				
Check Box(es) that Apply:	□ Promote	er 🗆	Beneficial Owner	X	Executive Office	er 🗆	Director		General and/or Managing Partner
Full Name (Last name first, Mackay, Stanley Murdoch								-	
Business or Residence Add 2-1162 Grosvenor Avenue				, State, Z	ip Code)				
Check Box(es) that Apply:	□ Promote	er 🗆	Beneficial Owner	X	Executive Office	er 🗆	Director		General and/or Managing Partner
Full Name (Last name first, McGill, William Russel	if individual)								
Business or Residence Add 113 Sundown Way, S.E., G				, State, Z	ip Code)				
Check Box(es) that Apply:	□ Promote	er 🗆	Beneficial Owner	X	Executive Office	er 🗆	Director		General and/or Managing Partner
Full Name (Last name first, Timlick, Gary	if individual)								
Business or Residence Add 35 Westchester, Winnipeg			Street, City,	, State, Z	ip Code)				
Check Box(es) that Apply:		er 🗆	Beneficial Owner	X	Executive Office	er 🗆	Director		General and/or Managing Partner
Full Name (Last name first, Valdis, Gerald Omer	if individual)								
Business or Residence Add 194 Oakwood Avenue, Wi				State, Z	ip Code)				

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A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- · Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, i Vannan, Edgar Bradley	f individual)					
Business or Residence Adda 26 Musgrove Street, Winni			tate, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first, i Martin, Christopher W.	f individual)					
Business or Residence Addi 116 Chataway Blvd., Winni			tate, Zip Code)			
Check Box(es) that Apply:		☐ Beneficial Owner		□ Director		General and/or Managing Partner
Full Name (Last name first, i Anderson, Palmer D.W.	f individual)					
Business or Residence Addr 223 South Bridge Drive, W			tate, Zip Code)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, i Wood, Guy L.	f individual)			,		
Business or Residence Addi 776 Jubilee Avenue, Winni			tate, Zip Code)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		□ Director	4 1	General and/or Managing Partner
Full Name (Last name first, i Schmaltz, Harold	f individual)					
Business or Residence Adda 21 Hidden Valley N.W., Cal			tate, Zip Code)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addr	ess (Number ar	nd Street, City, S	tate, Zip Code)			11 M A
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					
Business or Residence Addr	ess (Number ar	nd Street City S	tate, Zip Code)			

				В.	INFOR	MATION	ABOUT	OFFER	RING				
offering	j?		does the								Ye C		No 区
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?									\$ 2,422	2,793.64 ¹			
	3. Does the offering permit joint ownership of a single unit?										Ye		No
4. Ente indirect sales o broker dealer.	r the info dy, any co of securiti or dealer of more	rmation roommission es in the registere than five	equested on or simi offering. ed with the (5) perso rmation for	for each lar remur If a per e SEC an ns to be I	person wheration for son to be defined are	ho has bo or solicita e listed is a state o associate	een or wil ition of pu an asso r states, I ed person	I be paid urchasers ciated pe ist the na	or given, in conne erson or a me of the	directly o ection with agent of a broker o	n a r	1	
Full Na	me (Last	name firs	st, if indivi	dual)									
Busines	ss or Res	idence A	ddress (N	lumber ar	nd Street,	City, Sta	te, Zip Co	de)					
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Busines	ss or Res	idence A	ddress (N	umber ar	nd Street,	City, Stat	te, Zip Co	de)					
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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¹ All dollar amounts are converted from Canadian currency at the exchange rate of U.S. \$1.00 = Cdn \$1.5478, the noon buying rate in the city of New York for cable transfers payable in Canadian dollars, as certified for custom purposes by the Federal Reserve Bank of New York on December 19, 2002.

C. OFFERING PRICE, PRICE, NUMBER OF INVESTORS, EXPEN		F PROCEEDS
1. Enter the aggregate offering price of securities included in this offering and the tota amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is a exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	n	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt		\$ 70,422,535.21
Equity	\$ N/A	\$ N/A
Convertible Securities (including warrants)	\$ N/A	\$ N/A
Partnership Interests	\$ N/A	\$ N/A
Other (Specify)	\$ N/A	\$ N/A
Total	\$ N/A	\$ N/A
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	r O	A
	Number	Aggregate Dollar Amount of Purchases
Accredited Investors	Investors -1-	\$ 70,422,535.21
Non-accredited Investors	-0-	\$ -0-
Total (for filings under Rule 504 only)	\$ N/A	\$ N/A
Answer also in Appendix, Column 4, if filing under ULOE.	Ψ 13//Δ	Ψ 14/A
Allawor also in Appendix, Column 4, it filling ander OLOC.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	3	Dollar Amount
Type of offering	Type of Security	Sold
Rule 505	N/A	\$ N/A
Regulation A	N/A	\$ N/A
Rule 504	N/A	\$ N/A
Total	N/A	\$ N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	Г	□ \$ -0-
Printing and Engraving Costs] \$ -0-
Legal Fees		☑ \$ 969,117.45
•		•
Accounting Fees		\$ -0-
Engineering Fees		3 \$ -0-
Sales Commissions (specify finders' fees separately)		³ \$ -0-
Other Expenses (identify)		3 \$ -0-
Total		\$ 969,117.45

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 69,453,417.76

payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, Payments & Affiliates To Others Salaries and fees □ \$ -0-□\$-0-Purchase of real estate □ \$ -0-□ \$ **-0-**Purchase, rental or leasing and installation of machinery =0-□ \$ **-0**-□ \$ and equipment Construction or leasing of plant buildings and facilities..... -0-□ \$ -0-□ \$ Acquisition of other businesses (including the value of securities involved -0in this offering that may be used in exchange for the assets or securities □\$-0of another issuer pursuant to a merger) Repayment of indebtedness □ \$ **-0**-Working capital **□**\$69,453,417.7 □ \$____ Other (specify): □ \$ □ \$ □\$____ Column Totals □\$ -0-**5** \$ 69,453,417.7 Total Payments Listed (column totals added) \square \$69,453,417.76 D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) UNITED GRAIN GlOWELL LIMITED Signature Date 12 - 19 - 01 Name of Signer (Print or Type) DAVID CAREFOOT Title of Signer (Print or Type) MANAGING DIRECTOR **ATTENTION** Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.) **E. STATE SIGNATURE** Yes No 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature UNITED GRAIN GROWERS LIMITES Name of Signer (Print or Type) Title (Print or Type) DAVID CAREFOOT

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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APPENDIX 5. Disqualification 3. Type of security 2. Intend to sell and aggregate under State ULOE to non-accredited 4. Type of investor and amount purchased in State offering price (if yes, attach investors in State (Part C-Item 2) offered in state explanation of waiver (Part B-Item 1) granted) (Part E-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Yes Investors Investors State No **Amount** Amount Yes No AL ΑK ΑZ AR CA CO CT DΕ DC FL GA Ш 1D IL IN IA KS ΚY LA ME

\$70,422,535.21

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Notes¹

¹ This Form D covers the private placement of 9.67% Notes due January 1, 2016 in aggregate amount of \$70,422,535.21. All dollar amounts are converted from Canadian currency at the exchange rate of U.S. \$1.00 = Cdn \$1.5478, the noon buying rate in the city of New York for cable transfers payable in Canadian dollars, as certified for custom purposes by the Federal Reserve Bank of New York on December 19, 2002.

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